

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/870 899  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4			/			
5			/			
6			/			
7						
8			/			
9						
10						
11						
12						
13			/			
14			/			
15			/			
16			/			
17			/			
18			/			
19			/			
20			/			
21						
22						
23			/			
24						
25			/			
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41			/			
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND.		DEP.		Dep	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/	101	/
52				/	102	/
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71	/					
72	/					
73	/					
74		/				
75		/				
76		/				
77		/				
78		/				
79		/				
80		/				
81		/				
82						
83	/					
84		/				
85		/				
86		/				
87		/				
88		/				
89		/				
90		/				
91		/				
92		/				
93		/				
94		/				
95		/				
96		/				
97		/				
98		/				
99		/				
100		/				
TOTAL IND.	10					
TOTAL DEP.		38				
TOTAL CLAIMS	48					